

**Electronic Filing System (EFS) Data**  
**Electronic Patent Application Submission**  
**USPTO Use Only**

EFS ID: **16828**  
Application ID: **10064627**  
Title of Invention: **Nitric Oxide (NO) Donor+cGMP-  
PDES Inhibitor As A Topical Drug  
For Glaucoma**  
First Named Inventor: **Mohsen Shahinpoor**  
Domestic/Foreign Application: **Domestic Application**  
Filing Date: **null**  
Effective Receipt Date: **2002-07-31**   
Submission Type: **Utility Patent Filing**  
Filing Type: **new-utility**  
Confirmation Number: **0**  
Attorney Docket Number: **GED-1**  
Digital Certificate Holder: **cn=Mohsen Shahinpoor, ou=Independent Inventors, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US**  
Certificate Message Digest: **EYoagfQT2qltZ8J6v4+87A==**  
Total Fees Authorized: **\$697.0**

Payment Category: **CC – Credit Card**  
Credit Card Number: **\*\*\*\*\*5511**  
Expiration Date: **01312004**  
Card Holder Name: **Mohsen Shahinpoor**  
RAM User ID: **EFSPROD**  
RAM Accounting Date: **2002-07-31**  
RAM Sequence Number: **497415**  
RAM Payment Status: **RAM success**  
Postal Code: **87108**



# TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket  
Number:

GED-  
1

Submission Type: Utility Patent  
Filing

## Nitric Oxide (NO) Donor+cGMP-PDE5 Inhibitor As A Topical Drug For Glaucoma

First Named Inventor: Dr. Mohsen Shahinpoor

**SUBMITTED BY**

Name:	Dr. Mohsen Shahinpoor
Electronic Signature Mark: Mohsen Shahinpoor	Date Signed: 20020731
Name:	Dr. David Soltanpour
Electronic Signature Mark: David Soltanpour	Date Signed: 20020731
Name:	Mr. Parsa Shahinpoor
Electronic Signature Mark: Parsa Shahinpoor	Date Signed: 20020731

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent*

*application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

**Attached Files:**

declaration	Declaration1.TIF
declaration	Declaration2.TIF
declaration	Declaration3.TIF
specification	G-EyeDrop.xml
bibd-transmittal	EyeDropapds.xml
fee-transmittal	EyeDropfee.xml

**Attached Image File(s):**

Declaration1.TIF

Declaration2.TIF

Declaration3.TIF

**Comments:**

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

<b>Attorney Docket Number</b>		GED-1
<b>First Named Inventor</b>		Mohsen Shahinpoor
<b>COMPLETE IF KNOWN</b>		
Application Number		
Filing Date		
Art Unit		
Examiner Name		

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Nitric Oxide (NO) Donor+cGMP-PDE5 Inhibitor As A Topical Drug For Glaucoma

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/68B/01

Approved for use through 10/21/2002. OMB 0651

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMM-

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number  
or Bar Code Label **27232** OR  Correspondence address below

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (First and middle [if any])	Mohsen	Family Name or Surname	Shahinpoor
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Inventor's Signature	7-31-02		
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Residence: City	Albuquerque	State	NM	Country	USA	Citizenship	USA
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Mailing Address  
9910 Manodin Dr, NE

City	Albuquerque	State	NM	Zip	87111	Country	USA
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (First and middle [if any])	David	Family Name or Surname	Soltanpour
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Inventor's Signature	7-31-02		
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Residence: City	NY	State	NY	Country	USA	Citizenship	USA
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Mailing Address  
200 E 90<sup>th</sup> St 6A

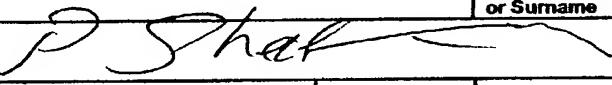
City	NY	State	NY	Zip	10022Y	Country	USA
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/68/02A attached hereto.

[Page 2 of 2]

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_\_\_ of \_\_\_\_\_**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <b>Parsa</b>  Inventor's Signature 		Family Name or Surname <b>Shahinpoor</b>  Date <b>7/31/02</b>	
Residence: City <b>Albuquerque</b>	State <b>NM</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>2116 Arthur Alvar, NE</b>			
Mailing Address  City <b>Albuquerque</b> State <b>NM</b> ZIP <b>87110</b> Country <b>USA</b>			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Independent Inventor

**TOTAL FEES AUTHORIZED: \$ 697**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number:	5511
Expiration Date:	20040131
Authorized Name:	Mohsen Shahinpoor
Billing Address:	87108

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 23	203	\$ 9	3	\$ 27
Independent Claims: 1	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 27

## ADDITIONAL FEES

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Publication Fee For Early or Voluntary Publication		1	195	\$ 300	\$ 300

Subtotal For Additional Fees: \$ 300